



# MUTUAL SAVINGS CREDIT UNION

## Membership and Services Application

Mutual Savings Credit Union, (MSCU) will comply with the requirements of the U.S. Patriot Act. MSCU is required to verify the identity of individuals seeking to open a new account. MSCU will collect information, which verifies an individual's name, physical address, date of birth, and other identifying information. Account services may be limited until the identity verification of all applicable person(s) is complete.

By signing below, I am requesting the following products and services: <input type="checkbox"/> Savings (Required Account) <input type="checkbox"/> Money Market <input type="checkbox"/> Cradle Club <input type="checkbox"/> Checking <input type="checkbox"/> Christmas Club <input type="checkbox"/> Vacation Club	Member Number: (assigned by credit union)
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### Membership Application

<b>Member Information</b>		NAME Last	First	Initial
SSN or TIN	Date of Birth	ID Type and Number		Exp. Date
Physical Address			City	State    Zip
Mailing Address (if different)			City	State    Zip
Home Phone	Cell Phone	Email Address		Mother's Maiden Name
Employer		Employer Address		
How are you eligible for credit union membership?				Employee Number
Emergency Contact		Relationship	Emergency Phone	

### Joint Account Designation

Check Box	Single Account (skip to POD Account Designation)	Joint Account (Complete section and owners must sign below)
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<b>Joint Owner</b>		NAME Last	First	Initial
SSN or TIN	Date of Birth	ID Type and Number		Exp. Date
Physical Address			City	State    Zip
Mailing Address (if different)			City	State    Zip
Home Phone	Cell Phone	Email Address		Mother's Maiden Name
<b>Joint Owner</b>		NAME Last	First	Initial
SSN or TIN	Date of Birth	ID Type and Number		Exp. Date
Physical Address			City	State    Zip
Mailing Address (if different)			City	State    Zip
Home Phone	Cell Phone	Email Address		Mother's Maiden Name

### P.O.D. Account Designation

Yes, I request this be designated a Payable On Death (POD) account. POD Designation will cover all your accounts at MSCU, excluding IRA's and Certificates. If two or more beneficiaries are named and survive the death of the person(s) creating the account, such beneficiaries will own this account in equal shares as joint tenants with rights of survivorship.

Beneficiaries				
Name	Address	City	State	SSN or TIN
Name	Address	City	State	SSN or TIN
Name	Address	City	State	SSN or TIN

### Authorization

By signing below, I/we agree to the terms and conditions of the Membership Account Agreement, Funds Availability, Electronic Funds Transfer Agreement, Truth in Savings Rate and Fee Schedule and Privacy Policy and to any amendment or addendum the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account and service requested. MSCU may conduct credit inquiry for verification.

Truth-in-Savings Disclosure w/ Fee Schedule	Electronic Funds Transfer Disclosure	Funds Availability Disclosure	Privacy Policy
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### TIN Certification and Backup Withholding Information

By signing below, under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service, (IRS), that I am subject to backup withholding as a result of failure to report all interest or dividends, (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person including a U.S. resident alien. Certifications Instructions: Cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. The Internal Revenue service does not require your consent to any provision of this document other than the certification s required to avoid backup withholding.

Member Signature <b>X</b> _____	Date _____
Joint Owner <b>X</b> _____	Date _____
Joint Owner <b>X</b> _____	Date _____

<b>Official Use Only</b>	Date Opened	Opened By	Credit Report	Yes	No	OFAC	Yes	No
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## **Membership Application Instructions**

- 1) Complete all boxes in the Member Information section. List a reference name that will be someone who will always know your location. If designating a joint owner be sure their information is complete.
- 2) Attach a clear copy of a government issued ID (driver's license, state ID, passport, etc.) for yourself and any persons that will be joint on your accounts if application is mailed. If you bring your application into the Branch, we can scan your ID onto your account for positive identification every time you access your accounts.
- 3) Attach \$5.00 cash, check, or money order made payable to yourself. This is your membership pledge that is used to open your Primary Shares account. All members begin with a Primary Shares account and we can add checking or other accounts from there.
- 4) Application must be signed and dated by primary and joint members.
- 5) Only original applications can be accepted. Sorry we cannot accept faxes, copies, or emailed applications as specified by the USA Patriot Act.

Thank you and Welcome to Mutual Savings Credit Union

### Mailing Addresses:

By US Postal Service: Mutual Savings Credit Union  
10 Peachtree Place  
Atlanta, GA 30309  
Attn: New Accounts

By Southern Company Gas Inter-Office Mail: Mutual Savings Credit Union  
Atlanta, GA  
Location Code – GAS106